

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey – Insurance Component  
**HEALTH INSURANCE COST STUDY**  
**Plan Information Questionnaire**

**INSTRUCTIONS**

The MEPS-11C(S), Plan Information Questionnaire, is to be completed for all health insurance plans offered AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11C(S) form if sufficient copies were not included in this reporting package.

**Section B – PLAN INFORMATION****FOR CENSUS USE ONLY**

100

**GENERAL PLAN INFORMATION**

*Begin with the plan having the largest enrollment and proceed through the plan with the smallest enrollment of active employees.*

**1a. For 1999, what was the name of the health insurance plan with the largest (or next largest) enrollment of active employees?**

Examples: • Blue Cross Blue Shield, High Option  
• Option A  
• Aetna HMO

Name of plan

012

**b. What was the name of the insurance company or carrier providing this plan?**

Examples: • Blue Cross Blue Shield  
• Alliance  
• Charter Health

*If self-insured, enter the government name.*

Name of insurance carrier

102

**2. Was this plan purchased from an insurance underwriter or was it self-insured?**

**Purchased from an insurance underwriter** – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

**Self-insured** – Your government unit assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105

1 ☐ Purchased – **SKIP to Question 4a**

2 ☐ Self-insured – *Continue with Question 3a*

**SELF-INSURED PLAN INFORMATION**

**3a. Was this plan self-administered or did your government unit employ an insurance company or other administrator?**

106

1 ☐ Self-administered

2 ☐ Insurance company or other administrator

**b. Did your government unit purchase stop-loss coverage?**

107

1 ☐ Yes

2 ☐ No

**ENROLLMENT**

*Estimates are acceptable for all enrollment figures. Include full-time, part-time, temporary and seasonal employees.*

*Exclude retirees.*

**4a. How many active employees were enrolled in this plan through this government unit during a typical pay period in 1999?**

*Exclude retirees.*

125

Active employees enrolled in plan

**b. How many of those active employees were enrolled in single coverage during a typical pay period in 1999?**

129

Active employees enrolled in single coverage

**c. How many FORMER employees were enrolled in this plan through COBRA or other state continuation-of-benefits laws during a typical pay period in 1999?**

126

Former employees enrolled in plan

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**

## Section B – PLAN INFORMATION – Continued

### SINGLE COVERAGE PREMIUMS

Report for typical situations and enrollees.  
If premium varies, report for the average employee.  
Report government unit/employee contributions and total premium for the same period.

**5a. For this plan, how much did the government unit contribute toward the plan premium of ONE TYPICAL full-time employee with single coverage?**

131            Government unit contribution

**b. How much did this typical employee with single coverage contribute toward his/her own premium?**

132            Employee contribution

**c. What was the total premium for this typical employee with single coverage?**

130            Total single premium

**d. The amounts reported in Questions 5a–5c are based on which one of the following time periods?**

133 1 ☐ Weekly 3 ☐ Monthly 4 ☐ Yearly  
2 ☐ Every 2 weeks 5 ☐ Quarterly

### FAMILY COVERAGE PREMIUMS

Report for typical situations and enrollees.  
Report government unit/employee contributions and total premium for the same period as reported in Question 5d.  
If premium varies, report for a family of four.

**6a. Was family coverage offered under this plan?**

137 1 ☐ Yes – Continue with Question 6b  
2 ☐ No – SKIP to Question 7a

**b. For this plan, how much did the government unit contribute toward the plan premium of ONE TYPICAL full-time employee with family coverage?**

135            Government unit contribution

**c. How much did this typical employee with family coverage contribute toward his/her own premium?**

136            Employee contribution

**d. What was the total premium for this typical employee with family coverage?**

134            Total family premium

### GENERAL PREMIUM INFORMATION

**7a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?**

Mark (X) all that apply.

138 ☐ Age 141 ☐ Wage or salary levels  
139 ☐ Sex (Gender) 142 ☐ Other – Specify   
140 ☐ Number of persons covered by a family plan 099   
567 ☐ None of the above

**7b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories?**

Examples: Full-time, part-time, wage or salary levels

143 1 ☐ Yes 2 ☐ No

### PLAN CHARACTERISTICS

**8a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?**

183 1 ☐ Yes – Continue with Question 8b  
2 ☐ No – SKIP to Question 9

**b. Did this happen in 1999?**

184 1 ☐ Yes 2 ☐ No

**9. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

185 1 ☐ Yes 2 ☐ No

**10. In what month did the plan year begin?**

Enter a two-digit numeric response.

Example: January = 01; May = 05

123   Month

**PLEASE ENCLOSE A COPY OF EACH PLAN BROCHURE WITH YOUR DATA SUBMISSION.**

If you have any questions concerning this survey,  
please call 1-888-206-5068.